

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/16/2013
FORM APPROVED
OMB NO. 0938-0391

45th 3/23/13

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445314	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/06/2013
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NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF MORRISTOWN	STREET ADDRESS, CITY, STATE, ZIP CODE 501 WEST ECONOMY ROAD MORRISTOWN, TN 37814
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F 000	INITIAL COMMENTS	F 000		
F 309 SS=D	<p>During annual recertification survey and complaint survey #31049, conducted on February 4-8, 2013, at Life Care Center of Morristown, no deficiencies were cited in relation to the complaint under 42 CFR PART 482.13, Requirements for Long Term Care.</p> <p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review and interview the facility failed to administer medication as ordered resulting in a delay in treatment for one resident (#118) of ten residents reviewed for medications.</p> <p>The findings included:</p> <p>Resident #118 was admitted to the facility on August 17, 2012, with diagnoses including: Altered Mental Status, Traumatic Amputation, Diabetic Neuropathy, and Diabetes.</p> <p>Medical record review of Microbiology Report dated January 31, 2013, revealed "...source: urine...culture report: organism #01 Escheriobla</p>	<p>F309</p> <p>CORRECTIVE ACTION:</p> <p>The antibiotic was started within 16 hours of order being received. Order was written on 2-4-13 and medication was received early morning of 2-5-13.</p> <p>RESIDENTS WITH POTENTIAL TO BE AFFECTED:</p> <p>All residents who have medication administered have the potential to be affected. An audit of all medication orders was conducted by nursing administration (ADON, Nursing Administration) to assure there had been timely delivery and administration was conducted with no other residents noted to be involved.</p>	3-23-13	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Hellie Carter-Hendley</i>	TITLE <i>Executive Director</i>	(X8) DATE <i>2/26/13</i>
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any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that the safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER

LIFE CARE CENTER OF MORRISTOWN

STREET ADDRESS, CITY, STATE, ZIP CODE
601 WEST ECONOMY ROAD
MORRISTOWN, TN 37814

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F 309	Continued From page 1 coli (esccol)..." Rreview of a physician's telephone order dated February 4, 2013, revealed "Tigacycline (an antibiotic) 100 mg (milligrams) then 50 mg IV (Intravenous) BID (twice a day) X (for) seven days ..." Medical record review of the February 2013 recapulation orders revealed the Tigacycline 100 mg IV had not been administered on February 4, 2013, as ordered. Interview with Licensed Practical Nurse (LPN) #1 in the West Medication Room on February 5, 2013 at 9:15 a.m., confirmed the facility did not recieve Tigacycline 100mg from the pharmacy, and did not have it in the emergency medication box, resulting in a delay of treatment.	F 309	SYSTEMATIC CHANGES: Review and education (complete by 2-28-13) to all Licensed Nursing personnel, physicians and physician extenders regarding the process for available antibiotic medications in the emergency kit as well as appropriate way to write order for administration and receipt of medication to be on the same calendar day. Upon receipt of an order the charge nurse will provide the Physician with an option from facility list (emergency kit) for antibiotic choices to be used as loading dose if desired. All orders written should reflect start date as same day as pharmacy delivery. Audit will occur 7 days a week to ensure timely delivery and administration of medications occurs.	
F 332 SS=D	483.25(m)(1) FREE OF MEDICATION ERROR RATES OF 5% OR MORE The facility must ensure that it is free of medication error rates of five percent or greater. This REQUIREMENT is not met as evidenced by: Based on medical record review, medication administration observation, and interview the facility failed to ensure six medications administered were given correctly resulting in an error rate of 11% from fifty-two opportunities observed. The findings included: Resident #5 was admitted to the facility on February 18, 2012 with diagnoses including: Congestive Heart Disease, Right Heart Failure,		MONITORING: A performance improvement plan was initiated on 2-20-13 addressing education, audit and monitoring of medication ordering, timely delivery and administration. (Meeting attended by Medical Director, ED, DON, ADON, Unit Managers).	

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F 332	<p>Continued From page 2</p> <p>Cellulitis, Psychosis, and Depressive Disorder.</p> <p>Review of the February 2013 recapulation orders revealed Resident #5 was to receive "...Dicyclomine (antispasmodic and anticholinergic for gastro-intestinal disorders) 20 mg (milligrams) tablet ... 2 tabs (40mg) by mouth four times daily ..."</p> <p>Observation of Licensed Practical Nurse (LPN)#2 on February 4, 2013, at 8:10 p.m., at the 100 short hall revealed LPN #2 administer one Dicyclomine 20 mg tablet to Resident #5.</p> <p>Interview with LPN #2 at the time of the observation at the medication cart confirmed the resident was to have received two tablets.</p> <p>Resident # 73 was admitted to the facility on April 8, 2012, with diagnoses including: Anxiety, Hypertension, Muscle Weakness, Depressive Disorder, and Congestive Heart Failure.</p> <p>Review of the February 2013 recapulation orders revealed Resident #73 was to receive "...Carvedilol (beta blocker used for heart failure, hypertension and heart attacks)12.5 mg ...1 tablet twice daily ...9 a.m., 5p.m., ...Take with food ...Gabapentin (lipophilic amino acid used for the treatment of peripheral neuropathy, migraines, and pain disorders)100 mg capsule ...Take 1 cap (capsule) by mouth at bedtime ...9 p.m., ...Transderm Nitro (nitroglycerin transdermal patch vasodilating agent used for preventing chest pain and congestive heart failure) apply 1 patch everyday ...apply at 9 p.m. and remove at 9 a.m..."</p>	F332	<p>CORRECTIVE ACTION:</p> <p>Education and review from SDC, DON, Nursing Administration and/or designee to all licensed nursing personnel regarding the: Five Rights of Medication Administration. 1) Right resident. 2) Right time. 3) Right dose. 4) Right route. 5) Right medication. Completion by 2-28-13</p> <p>RESIDENTS WITH POTENTIAL TO BE AFFECTED:</p> <p>All residents with medications administered have the potential to be affected. Audits of medication passes will ensure appropriate delivery of medication administration.</p> <p>SYSTEMATIC CHANGES:</p> <p>Review of medication administration process to all licensed nursing personnel (completion date 2-28-13). An actual observation of medication passes will be conducted by (DON, ADON, SDC, and Unit Managers) to assure compliance with the five right of medication administration. Audit will include visualization of administration of: eye drops, patch application, oral administration, injectables, IV's to a 10% sampling of residents weekly times 3 months</p>	3-23-13

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F 332	<p>Continued From page 3</p> <p>Observation on February 4, 2013, at 7:30 p.m., revealed LPN #3 administered to Resident #73 one Carvedilol 12.5 mg, one Gabapentin 100 mg, and removed one Transderm-Nitro 0.04 mg patch. Further observation revealed the resident did not receive any food with the medication.</p> <p>Interview with LPN #3 at the time of the observation confirmed the Carvedilol was to be given at 5:00 p.m., and was to be given with food. Further interview confirmed the transderm nitro was to be applied at 9:00 p.m., and the Gabapentin was to be given at 9:00 p.m.</p> <p>Resident #118 was admitted to the facility on August 17, 2012, with diagnoses including: Altered Mental Status, Traumatic Amputation, Diabetic Neuropathy, and Diabetes.</p> <p>Review of the February recapulation orders revealed Resident #118 "...Gentamigen Sulfate Ophth.0.3% ...instill 4 gtts (drops) to each eye four times a day ..."</p> <p>Observation on February 5, 2013 at 8:22 a.m. in the resident's room, revealed LPN #1 administered four drops of Gentamigen Sulfate Ophth. 0.3% in the resident's left eye then administered four drops in the right eye. Observation revealed the LPN administered the eye drops one after the other without any time lapse between each drop. The LPN did not wash hands or change gloves between administering the medication in the left eye and the right eye.</p> <p>Interview with LPN #1 one in the West hallway at the time of the observation confirmed the LPN did not wait any amount of time between</p>	F 332	<p>MONITORING:</p> <p>A performance improvement plan will be initiated 2-20-13 to address the Five Right of Medication Administration. The meeting was held 2-20-13 and attended by Medical Director, ED, AED, DON, ADON, Unit Managers.</p>	

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F 332	Continued From page 4 administering one eye drop before administering the next eye drop. LPN #1 also confirmed the LPN did not wash hands or change gloves between administering the medication in the left eye and the right eye.	F431	CORRECTIVE ACTION: Audit of all vials of medication to assure expiration date not exceeded.	3-23-13
F 431 SS=D	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can	RESIDENTS WITH POTENTIAL TO BE AFFECTED: Residents requiring medication from vials have a potential to be affected. All vials audited and no other unmarked vials were found. SYSTEMATIC CHANGES: Review to all licensed nursing personnel from DON, ADON, SDC, Unit Managers to process of labeling vials with date and initial when opened. A daily audit of all vials to assure their date and initials will be conducted; tracking will be done by Unit Managers. (End date 3-23-13). MONITORING: A performance improvement plan was initiated on 2-20-13 to address procedure for opening, dating, and initialing vials. A daily audit will be conducted by Unit Manager or designee to assess all vials for appropriate dating and labeling. Meeting attended by Medical Director, ED, AED, DON, ADON, Unit Managers.		

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F 431	Continued From page 5 be readily detected. This REQUIREMENT is not met as evidenced by: Based on review of manufacturer's recommendations, observation, and interview the facility failed to label medications in accordance with Federal and State labeling requirements and accepted standards of practice for one of one multi-dose vial of medication. The findings included: Review of manufacturer's recommendations for multiple dose vials of Tuberculin Purified Protein Derivative " ...Vials in use more than 30 days should be discarded due to possible oxidation ..." Observation on February 6, 2013, at 10:10 a.m., in the medication room on the West Nurse's station revealed one vial of multiple dose Tuberculin Purified Protein Derivative (PPD) opened and not dated. Interview with Licensed Practical Nurse #4 at the time of the observation confirmed the vial was open and not dated.	F441	CORRECTIVE ACTION: Education will be provided to all licensed nursing personnel regarding infection control measures during medication administration. Specifically addressing hand washing and appropriate measures of eye drop instillation. Completion date 2-28-13. RESIDENTS WITH POTENTIAL TO BE AFFECTED: All residents who require eye drops have the potential to be affected. SYSTEMATIC CHANGES: A physical observation audit will be conducted to a 10% sampling of residents with eye drops. An audit tool will be used to assess for technique and procedure when eye drops are administered weekly with an end date of 3-23- 13. MONITORING: A performance improvement plan was initiated on 2-20-13 to address appropriate measures when instilling eye drops. Meeting was attended by Medical Director, ED, AED, DON, ADON, Unit Managers.	3-23-13
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.			

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PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
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DEFICIENCY)

(X5)
COMPLETION
DATE

F 441

Continued From page 6
(a) Infection Control Program
The facility must establish an Infection Control Program under which it -
(1) Investigates, controls, and prevents infections in the facility;
(2) Decides what procedures, such as isolation, should be applied to an individual resident; and
(3) Maintains a record of incidents and corrective actions related to infections.

(b) Preventing Spread of Infection
(1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.
(2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.
(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.

(c) Linens
Personnel must handle, store, process and transport linens so as to prevent the spread of infection.

This REQUIREMENT is not met as evidenced by:
Based on review of facility policy, observation and interview the facility failed to ensure one nurse washed hands during medication administration.

F 441

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F 441	<p>Continued From page 7</p> <p>The findings included:</p> <p>Resident #118 was admitted to the facility on August 17, 2012, with diagnoses including: Altered Mental Status, Traumatic Amputation, Diabetic Neuropathy, and Diabetes.</p> <p>Review of Clinical Services Policy and Procedure, page marked 13-27 revealed " ...Key Procedural Points ...6. Should both eyes require instillation, wash your hands before treating the second eye ..."</p> <p>Observation on February 5, 2013, at 8:15 a.m., revealed Licensed Practical Nurse (LPN) #1 administered eye drops in both eyes of Resident #118. Observation revealed the LPN did not remove the gloves and wash hands after administering the drops in the left eye and proceeding to the right eye.</p> <p>Interview with LPN #1 at the time of the observation confirmed the LPN did not remove the gloves and wash the hands after administering drops to the left eye and proceeding to the right eye.</p>	F 441		